				<u> </u>										
									Application or Docket Number					
	PATENT		CATIO ffectiv	9/43/017										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								•	SMALL ENTITY TYPE OR			OTHER THAN		
FOR			,			UMBER		ر ا	RATE	FEE	7	RATE	FEE	
BASIC FEE										380.00	OR		760.00	
TOTAL CLAIMS			3	} 6 minus	20= *	16			X\$ 9=	144	OR	X\$18=		
INDEPENDENT CLAIMS				(minus	3 = *	3			X39=	117	OR	X78=		
ML	JLTIPLE DEPEN	IDENT CL	LAIM PI	RESENT					+130=		OR	+260=	·	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	641	OR	TOTAL			
7-25-05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL		OR	OTHER SMALL		
H	(Column 1) (Column 2) (Column 3)											SMALL		
AMENDMENT A		REMAI AFTI AMEND	NING ER		NU PREV	MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 3		Minus	** (36	=		X\$ 9=		OR	X\$18=		
	Independent	· (0	Minus	***	6	=		X39=		OR	X78=		
<u> </u>	FIRST PRESE	NIAHUN	OF MI	ULTIPLE DE	PENDER	11 CLAIM			400		1	.000		
								L	+130=		OR	+260=		
								_	TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE		
		(Colun	nn 1\	•	(Coli	umn 2)	(Column 3)		DDII. FEE					
AMENDMENT B		CLAI	MS		HIG	HEST	(Column o)	Г		ADDI-	1 1		ADDI-	
		REMAI AFTI AMEND	ER		PREV	MBER 710USLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*		Minus	***		<u> -</u>		X39=		OR	X78=		
	FIRST PRESE	NIATION	OF MU	JLTIPLE DEI	PENDEN	II CLAIM	J	╽	+130=		OR	+260=		
								L	TOTAL			TOTAL		
								A	DDIT. FEE		OR	ADDIT. FEE		
	STATE STATE STATES	(Colum				imn 2)	(Column 3)				_			
AMENDMENT C		CLAII REMAII AFTE AMENDI	NING ER		NUI PREV	HEST MBER ROUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*		Minus	see		2	ŀ	X39=			X78=		
	FIRST PRESE	NTATION	OF ML	JLTIPLE DEF	PENDEN	IT CLAIM		ŀ			OR	7.0-		
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+260=		
**1	**If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OPTION OF TOTAL ADDIT. FEE													
٦	The "Highest Num	ber Previo	usly Paid	For (Total or	Indepen	dent) is the	highest number	r foun	d in the app	ropriate box	in coli	umn 1.	•	